S
362.7
F16mgh
1988-1989

MONTANA
GROUP HOME AND CHILD CARE AGENCY
RESOURCE DIRECTORY
1988 - 1989

STATE DOCUMENTS COLLECTION

OCT 26 1988

MONTANA STATE LIBRARY
1515 E. 6th AVE.
HELENA, MONTANA 59620

MONTANA STATE LIBRARY
3 0864 0016 1597 3

ACKNOWLEDGEMENTS

This service facility profile catalogue, prepared by the staff of the Department of Family Services' Planning and Evaluation Bureau, was made possible with the cooperation of the Youth Care Facility Operators of the State of Montana. Special thanks to Karla Baxter and Karen Whyde for typing and preparing this manuscript and to Jim Rolando, for his work in gathering the information presented in this Directory.

INTRODUCTION

The material included in this **facility profile catalogue** is an up-dated version of the original **Directory** printed in 1984 and 1985. It contains some changes and deletions in the format which reflect the changes in the new Department of Family Services.

The profile sheets are essentially the same as those found in the old directory. The information has been up-dated to be as close as possible to current. Where there are changes or lack of information they are noted and explanation offered.

The information was derived from profiles that were presented to the Department of Family Services **Central Office** from the youth care facilities, to be incorporated in the new **foster care model rate system** that is still in evolution at this time, December, 1988.

The information is intended to be used by **social workers** and other **placing agents** in selecting placement alternatives for youth who are determined to be in need of such **residential services.**

Comments about this catalogue and suggestions for future editions can be given to the Planning and Evaluation Bureau of the Department of Family Services, P. O. Box 8005, Helena, Montana, 59604, (406)-444-5900.

TABLE OF CONTENTS

		Page
Acknowledgements		i
Introduction		ii
Name of Facility	**Location**	
Bear Paw YGH	Havre	1
Discovery House	Anaconda	2
Eastern Montana Mental Health	Glasgow	3
Ewing Place Attention Home	Helena	4
Extended Family Services	Missoula	5
Flathead DYGH	Kalispell	6
Florence Crittenton Home	Helena	7
Gallatin-Park Co. YGH	Bozeman	8
Great Falls Attention Home	Great Falls	9
Great Falls Receiving Home	Great Falls	10
Helena Achievement Place	Helena	11
Horizon Home	Billings	12
Intermountain Deaconess Home	Helena	13
Kairos-Missouri River YGH	Great Falls	14
Lake Co. DYGH	Ronan	15
Last Chance Youth Home	Helena	16
Mission Valley Receiving Home	Ronan	17
Missoula Attention Home	Missoula	18
Ninth Judicial Dist. YGH	Shelby	19
Northern Mont. YR	White Water	20
Riverview Home	Wolf Point	21
Southeastern Montana GH	Miles City	22
Susan Talbot Homes	Missoula	23
Tom Roy Group Home	Missoula	24
Volunteers of America	Billings	25
Yellowstone Boys and Girls R	Billings	26
Youth Services Center	Billings	27
Attachment A: Explanation of the DFS Foster Care Rate System		28
Attachment B: Glossary of Terms.		29

Name of Facility: Bear Paw Youth Guidance Home
Address: Box 588 (918 5th Street)
Havre, MT 59501

Capacity: Total 7 Male 5* Female 2*
Age range of Residents: 12 to 18
Average Population per Day: 4.7
Average length of stay for all children: 6 months
What is minimum length of time child needs to stay: NA
What is maximum length of time child should stay: NA

Administrator of Facility: Teri Brix
Referrals are made to: Teri Brix
Phone Number: (406)-265-7520 (for referrals)
Contracted Rate of Payment per Day: ** Refer to Attachment A
Total Contracted Days of Care: Refer to Attachment A
Average Number DFS Kids Per Day: Refer to Attachment A

**Does not include school tuition or educational cost.

* This may be reversed depending upon occupancy.

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
X	Dependent Children		yes		
X	Neglected Children		yes		
	Abused Children - Physically		yes		
	Abused Children - Sexually		yes		
	Use of Chemical Substance		yes		
	Pregnancy		yes		
	Sexually Active		yes		
			SLGT	MOD	SEV
X	Behavior - Delinquent		X	X	
X	Behavior - Unruly		X	X	X
	Behavior - Depressed		X	X	
	Behavior - Irrational		X	X	
	Behavior - Nervous, Upset		X	X	
	Behavior - Withdrawn		X	X	
	Learning Disability		X		
	Developmental Disability/Mental Retard.	X			
	Visually Handicapped		X		
	Hearing Handicapped		X		
	Physically Handicapped/Mobility Impaired	X			
	Communication Disorder		X		
	Medical Condition		X		

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling		X	
Individual Counseling		X	
Family Reunification Counseling		X	
Emancipation Planning		X	
Psychological Services		X	
Psychiatric Services		X	
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training		X	
Other: Alternative High School		X	
Other:			

ADMISSION REQUIREMENTS AND PROCESS: The information in the admissions package should be completed thoroughly and should include a tentative treatment plan with goals for the youth's stay in the home.

Name of Facility: Discovery House
Address: 709 East 3rd (Office)
Anaconda, MT 59711

Capacity: Total 8 Male 4 Female 4
Age range of Residents: 10 to 18
Average Population per Day: 5.8
Average length of stay for all children: 18 days
What is minimum length of time child needs to stay: NA
What is maximum length of time child should stay: 90 days

Administrator of Facility: Sr. Gilmory Vaughan
Referrals are made to: Sr. Gilmory Vaughan
Phone Number: (406)-563-3842 (for referrals)
Contracted Rate of Payment per Day: * Refer to Attachment A
Total Contracted Days of Care: Refer to Attachment A
Average Number DFS Kids Per Day: Refer to Attachment A

*Does not include school tuition or educational cost.

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
X	Dependent Children		yes		
X	Neglected Children		yes		
X	Abused Children - Physically		yes		
X	Abused Children - Sexually		yes		
	Use of Chemical Substance		yes		
	Pregnancy		yes		
	Sexually Active		yes		
			SLGT	MOD	SEV
	Behavior - Delinquent		X		
	Behavior - Unruly		X		
	Behavior - Depressed		X	X	
	Behavior - Irrational		X	X	
	Behavior - Nervous, Upset		X	X	
	Behavior - Withdrawn		X		
	Learning Disability		X	X	
	Developmental Disability/Mental Retard.	X			
	Visually Handicapped		X		
	Hearing Handicapped		X		
	Physically Handicapped/Mobility Impaired	X			
	Communication Disorder		X		
	Medical Condition		X		

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling	X		
Individual Counseling	X		
Family Reunification Counseling		X	
Emancipation Planning		X	
Psychological Services		X	
Psychiatric Services		X	
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training		X	
Other:			
Other:			

ADMISSION REQUIREMENTS AND PROCESS: Referrals are accepted from welfare, probation, parents or school social workers. Runaways, pushed out or abused youth are accepted and referred to the proper agencies as soon as possible. The youth must be willing to follow rules and attend school or work toward a GED. A completed social history and a plan stating the length of stay and the type of program needed for the youth are required.

Name of Facility: Eastern Montana Mental Health
Address: P. O. Box 946
Glasgow, MT 59230

Capacity: Total 8 Male yes* Female yes*
Age range of Residents: 3 to 17
Average Population per Day: 7.5
Average length of stay for all children: 365 days
What is minimum length of time child needs to stay: NA
What is maximum length of time child should stay: NA
* Any combination of youth depending on available slots

Administrator of Facility: Martha (Marty) Jones
Referrals are made to: Marty Jones, Program Director
Phone Number: (406)-228-4435 (for referrals)
Contracted Rate of Payment per Day: **Refer to Attachment A
Total Contracted Days of Care: Refer to Attachment A
Average Number DFS Kids Per Day: Refer to Attachment A

**Does not include school tuition or educational cost.

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
	Dependent Children		yes***		
	Neglected Children		yes***		
	Abused Children - Physically		yes***		
X	Abused Children - Sexually		yes		
	Use of Chemical Substance		yes***		
	Pregnancy	X			
	Sexually Active		yes***		
			SLGT	MOD	SEV
	Behavior - Delinquent		X	X	
	Behavior - Unruly		X	X	
	Behavior - Depressed		X	X	
	Behavior - Irrational		X	X	
	Behavior - Nervous, Upset		X	X	
	Behavior - Withdrawn		X	X	X
	Learning Disability		X	X	
	Developmental Disability/Mental Retard.		X		
	Visually Handicapped		X	X	
	Hearing Handicapped		X	X	
	Physically Handicapped/Mobility Impaired		X		
	Communication Disorder		X	X	
	Medical Condition		X	X	

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling		X	
Individual Counseling	X		
Family Reunification Counseling	X		
Emancipation Planning			X
Psychological Services	X		
Psychiatric Services			X
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training			X
Other:			
Other:			

ADMISSION REQUIREMENTS AND PROCESS: Referrals are limited to youth who have been sexually abused. Referral requires a current social history including: family, sexual abuse type, frequency, etc., other forms of neglect; psychological evaluation including intellectual/academic assessment. Pre-placement visit is part of screening process. Referrals sent to program director.

***Only when sexual abuse is part of problem.

Name of Facility: Ewing Place -- Attention Home
Address: 602 North Ewing
Helena, MT 59601

Capacity: Total 8 Male 4 Female 4
Age range of Residents: 10 to 18
Average Population per Day:
Average length of stay for all children:
What is minimum length of time child needs to stay: None
What is maximum length of time child should stay: 45 days

Administrator of Facility: Jan Shaw
Referrals are made to: Jan Shaw/Houseparents
Phone Number: (406)-443-2145 (for referrals)
Contracted Rate of Payment per Day: * Refer to Attachment A
Total Contracted Days of Care: Refer to Attachment A
Average Number DFS Kids Per Day: Refer to Attachment A

*Does not include school tuition or educational cost.

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
			SLGT	MOD	SEV
X	Dependent Children				
X	Neglected Children				
X	Abused Children - Physically				
X	Abused Children - Sexually				
X	Use of Chemical Substance				
	Pregnancy	X			
X	Sexually Active				
	Behavior - Delinquent		X		
	Behavior - Unruly			X	
	Behavior - Depressed			X	
	Behavior - Irrational			X	
	Behavior - Nervous, Upset			X	
	Behavior - Withdrawn			X	
	Learning Disability				
	Developmental Disability/Mental Retard.				
	Visually Handicapped				
	Hearing Handicapped				
	Physically Handicapped/Mobility Impaired				
	Communication Disorder				
	Medical Condition				

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling	X		
Individual Counseling	X		
Family Reunification Counseling	X		
Emancipation Planning		X	
Psychological Services		X	
Psychiatric Services		X	
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training		X	
Other:			
Other:			

ADMISSION REQUIREMENTS AND PROCESS:

Name of Facility: Extended Family Services
Address: 1330 South 4th West
Missoula, MT 59801

Capacity: Total 7 Male yes* Female yes*
Age range of Residents: infant to 12
Average Population per Day: 5
Average length of stay for all children: 18 days
What is minimum length of time child needs to stay: NA
What is maximum length of time child should stay: NA
*Any combination of youth depending on available slots.

Administrator of Facility: Jan Watson
Referrals are made to: Any staff
Phone Number: (406)-549-0058 (for referrals)
Contracted Rate of Payment per Day: ** Refer to Attachment A
Total Contracted Days of Care: Refer to Attachment A
Average Number DFS Kids Per Day: Refer to Attachment A

**Does not include school tuition or educational cost.

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
X	Dependent Children		yes		
X	Neglected Children		yes		
X	Abused Children - Physically		yes		
	Abused Children - Sexually		yes		
	Use of Chemical Substance		yes		
	Pregnancy		yes		
	Sexually Active	X	yes		
			SLGT	MOD	SEV
	Behavior - Delinquent		X		
	Behavior - Unruly		X		
	Behavior - Depressed		X	X	
X	Behavior - Irrational		X	X	
X	Behavior - Nervous, Upset		X	X	X
	Behavior - Withdrawn		X	X	
X	Learning Disability		X	X	X
	Developmental Disability/Mental Retard.		X	X	
	Visually Handicapped		X	X	
	Hearing Handicapped		X	X	
	Physically Handicapped/Mobility Impaired		X		
X	Communication Disorder		X	X	X
	Medical Condition		X	X	

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling		X	
Individual Counseling		X	
Family Reunification Counseling	X		
Emancipation Planning			X
Psychological Services		X	
Psychiatric Services		X	
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training		X	
Other: Day Care***		X	
Other:			

***A licensed day care center attached to home -- all pre-school children attend the day care center.

ADMISSION REQUIREMENTS AND PROCESS: Contact the administrator at phone listed. Children are generally placed at the home through Missoula County Social Services. Private placements and other agency referrals are accepted. Enrollment is on a first-come first-serve basis. The facility is licensed for 12 in emergency. We do not accept runaway youth.

Name of Facility: Flathead Dist. Youth Guidance Home
Address: P. O. Box 2804
Kalispell, MT 59901

Capacity: Total 8 Male 8 Female No
Age range of Residents: 13 to 18
Average Population per Day: 6.4
Average length of stay for all children: 280 days
What is minimum length of time child needs to stay: NA
What is maximum length of time child should stay: NA

Administrator of Facility: Geraldine Young
Referrals are made to: Admission Committee Chairperson
Phone Number: (406)-755-7842 (for referrals)
Contracted Rate of Payment per Day: * Refer to Attachment A
Total Contracted Days of Care: Refer to Attachment A
Average Number DFS Kids Per Day: Refer to Attachment A

* Does not include school tuition or educational cost.

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
X	Dependent Children		yes		
X	Neglected Children		yes		
	Abused Children - Physically		yes		
	Abused Children - Sexually		yes		
	Use of Chemical Substance		yes		
	Pregnancy	X			
	Sexually Active		yes		
			SLGT	MOD	SEV
X	Behavior - Delinquent		X	X	
X	Behavior - Unruly		X	X	
X	Behavior - Depressed		X	X	
	Behavior - Irrational		X	X	
	Behavior - Nervous, Upset		X	X	
X	Behavior - Withdrawn		X	X	
	Learning Disability		X	X	
	Developmental Disability/Mental Retard.	X			
	Visually Handicapped		X		
	Hearing Handicapped		X		
	Physically Handicapped/Mobility Impaired	X			
	Communication Disorder	X			
	Medical Condition		X		

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling		X	
Individual Counseling	X		
Family Reunification Counseling	X		
Emancipation Planning	X		
Psychological Services		X	
Psychiatric Services		X	
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training		X	
Other:			
Other:			

ADMISSION REQUIREMENTS AND PROCESS: Referral must be made by Flathead County Youth Court, or Montana State Dept. of Family Services Aftercare, or Flathead County Social Services and approved by the Admissions Committee.

Name of Facility: Florence Crittenton Home and Services of Montana - Maternity Home
Address: 846 5th Avenue
Helena, MT 59601

Capacity: Total 15 Male No Female 15
Age range of Residents: any age
Average Population per Day: 14
Average length of stay for all children: 3 months
What is minimum length of time child needs to stay: 2 months
What is maximum length of time child should stay: NA

Administrator of Facility:
Referrals are made to: Karen Northey, Program Manager
Phone Number: (406)-442-6950 (for referrals)
Contracted Rate of Payment per Day: * Refer to Attachment A
Total Contracted Days of Care: Refer to Attachment A
Average Number DFS Kids per Day: Refer to Attachment A

*Does not include school tuition or educational cost.

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem
X	Dependent Children		yes
X	Neglected Children		yes
X	Abused Children - Physically		yes
X	Abused Children - Sexually		yes
	Use of Chemical Substance	X	
X	Pregnancy		yes
X	Sexually Active		yes

			SLGT	MOD	SEV
	Behavior - Delinquent		X	X	
X	Behavior - Unruly		X	X	
	Behavior - Depressed		X	X	
	Behavior - Irrational		X	X	
X	Behavior - Nervous, Upset		X	X	
	Behavior - Withdrawn		X	X	
	Learning Disability		X	X	
	Developmental Disability/Mental Retard.		X		
	Visually Handicapped		X	X	
	Hearing Handicapped		X	X	
	Physically Handicapped/Mobility Impaired	X			
	Communication Disorder		X		
	Medical Condition		X	X	

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling	X		
Individual Counseling **	X		
Family Reunification Counseling	X		
Emancipation Planning	X		
Psychological Services		X	
Psychiatric Services		X	
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training		X	
Other: Parent training	X		
Other: Adoption referral	X		

**Includes prenatal counseling, post-natal training.

ADMISSION REQUIREMENTS AND PROCESS: Any pregnant girl in need of services can apply. A pre-admittance tour is recommended and admittance forms and social study are required. It is preferred that a girl be in the Home for a minimum of two months prior to delivery, to receive full advantage of the services.

Name of Facility: Gallatin-Park Co. Youth Guidance Home
Address: 8932 South 19th (Box 1403)
Bozeman, MT 59715

Capacity: Total 7 Male 7 Female No
Age range of Residents: 12 to 18
Average Population per Day: 6.2
Average length of stay for all children: 9 months
What is minimum length of time child needs to stay: NA
What is maximum length of time child should stay: NA

Administrator of Facility: Norene Corne
Referrals are made to: Norene Corne
Phone Number: (406)-586-9340 or 587-2481 (for referrals)
Contracted Rate of Payment per Day: * Refer to Attachment A
Total Contracted Days of Care: Refer to Attachment A
Average Number DFS Kids Per Day: Refer to Attachment A

*Does not include school tuition or educational cost.

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
X	Dependent Children		yes		
X	Neglected Children		yes		
X	Abused Children - Physically		yes		
	Abused Children - Sexually		yes		
	Use of Chemical Substance		yes		
	Pregnancy	X			
	Sexually Active		yes		
			SLGT	MOD	SEV
X	Behavior - Delinquent		X	X	X
X	Behavior - Unruly		X	X	X
	Behavior - Depressed		X	X	
X	Behavior - Irrational		X	X	X
X	Behavior - Nervous, Upset		X	X	X
	Behavior - Withdrawn		X	X	
	Learning Disability		X	X	
	Developmental Disability/Mental Retard.	X			
	Visually Handicapped		X	X	
	Hearing Handicapped		X	X	
	Physically Handicapped/Mobility Impaired		X		
	Communication Disorder		X		
	Medical Condition		X		

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling	X		
Individual Counseling		X	
Family Reunification Counseling		X	
Emancipation Planning	X		
Psychological Services		X	
Psychiatric Services		X	
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program			X
Employment Training		X	
Other:			
Other:			

ADMISSION REQUIREMENTS AND PROCESS: Contact the Director for applications. The referring agency should provide all necessary social information, results of testing, and court orders. A pre-placement visit is required to be sure the youth knows the environment he will be moving into and also to insure that the Home knows the terms of the placement. Boys must be adjudicated.

Name of Facility: **Great Falls Runaway Attn. Home**
Address: **P. O. Box 3066**
Great Falls, MT 59403
Capacity: Total **10** Male **5** Female **5**
Age range of Residents: **12 to 18**
Average Population per Day: **7**
Average length of stay for all children: **15 days**
What is minimum length of time child needs to stay: **NA**
What is maximum length of time child should stay:

Administrator of Facility: **Charlene Schram**
Referrals are made to: **Charlene Schram/Houseparents**
Phone Number: **(406)-452-7672** (for referrals)
Contracted Rate of Payment per Day: ***Refer to Attachment A**
Total Contracted Days of Care: **Refer to Attachment A**
Average Number DFS Kids Per Day: **Refer to Attachment A**

***Does not include school tuition or educational cost.**

Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	of Problem		
X	Dependent Children		yes		
X	Neglected Children		yes		
	Abused Children - Physically		yes		
	Abused Children - Sexually		yes		
X	Use of Chemical Substance		yes		
X	Pregnancy		yes		
	Sexually Active		yes		
			SLGT	MOD	SEV
X	Behavior - Delinquent		X	X	X
X	Behavior - Unruly		X	X	X
X	Behavior - Depressed		X	X	X
	Behavior - Irrational		X	X	
X	Behavior - Nervous, Upset		X	X	X
X	Behavior - Withdrawn		X		
X	Learning Disability		X	X	X
	Developmental Disability/Mental Retard.	X			
	Visually Handicapped		X	X	X
	Hearing Handicapped		X	X	X
	Physically Handicapped/Mobility Impaired	X			
	Communication Disorder		X	X	X
	Medical Condition		X	X	

SERVICES PROVIDED	ON-SITE	COMMUNITY	AVAILABLE
Group Counseling	X		
Individual Counseling	X		
Family Reunification Counseling	X		
Emancipation Planning	X		
Psychological Services		X	
Psychiatric Services		X	
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training	X		
Other: Tutor Program	X		
Other:			

ADMISSION REQUIREMENTS AND PROCESS: Runaway youth can walk in, be referred, or call in to seek shelter and transportation to the Home. Youth are also placed into our facility by human service agencies as an alternative to jail. On admission the youth signs a voluntary commitment form agreeing to follow house rules. An intake form including the youth's personal information and background material is also completed.

Name of Facility: Great Falls Child.'s Receiving Home
Address: Box 1061 (20-44th Street South)
Great Falls, MT 59403

Capacity: Total 12 Male yes* Female yes*
Age range of Residents: infancy to 18
Average Population per Day: 5.4
Average length of stay for all children: 11.9 days
What is minimum length of time child needs to stay: NA
What is maximum length of time child should stay: 60 days

Administrator of Facility: Cherrina Hackett
Referrals are made to: Houseparents
Phone Number: (406)-727-4842 (for referrals)
Contracted Rate of Payment per Day: ** Refer to Attachment A
Total Contracted Days of Care: Refer to Attachment A
Average Number DFS Kids Per Day: Refer to Attachment A

**Does not include school tuition or educational cost.
*Will accept any combination of male/female youths according to available slots.

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem
X	Dependent Children		yes
X	Neglected Children		yes
X	Abused Children - Physically		yes
X	Abused Children - Sexually		yes
	Use of Chemical Substance		yes
	Pregnancy	X	
	Sexually Active		yes

			SLGT	MOD	SEV
	Behavior - Delinquent		X		
	Behavior - Unruly		X		
	Behavior - Depressed		X		
	Behavior - Irrational		X		
	Behavior - Nervous, Upset		X		
	Behavior - Withdrawn		X		
	Learning Disability		X	X	X
	Developmental Disability/Mental Retard.	X			
	Visually Handicapped		X		
	Hearing Handicapped		X		
	Physically Handicapped/Mobility Impaired	X			
	Communication Disorder		X		
	Medical Condition		X		

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling		X	
Individual Counseling		X	
Family Reunification Counseling		X	
Emancipation Planning		X	
Psychological Services		X	
Psychiatric Services		X	
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training		X	
Other:			
Other:			

ADMISSION REQUIREMENTS AND PROCESS: Contact the Director at P. O. Box 1061, Great Falls, MT, 59403.

Name of Facility: Helena Achievement Place
Address: 626 Harrison
Helena, MT 59601

Capacity: Total 8 Male 4 Female 4
Age range of Residents: 10 to 18
Average Population per Day: 6
Average length of stay for all children: 11 months
What is minimum length of time child needs to stay: 6 months
What is maximum length of time child should stay: 18 months

Administrator of Facility: Jan Shaw
Referrals are made to: Jan Shaw or Marilyn
Phone Number: (406)-443-4386 (for referrals)
Contracted Rate of Payment per Day: * Refer to Attachment A
Total Contracted Days of Care: Refer to Attachment A
Average Number DFS Kids Per Day: Refer to Attachment A

*Does not include school tuition or educational cost.

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
			SLGT	MOD	SEV
X	Dependent Children		yes		
X	Neglected Children		yes		
	Abused Children - Physically		yes		
X	Abused Children - Sexually		yes		
	Use of Chemical Substance		yes		
	Pregnancy		yes		
	Sexually Active		yes		
X	Behavior - Delinquent		X		
X	Behavior - Unruly		X	X	
X	Behavior - Depressed		X	X	
X	Behavior - Irrational		X	X	
	Behavior - Nervous, Upset		X	X	X
	Behavior - Withdrawn		X		
	Learning Disability		X		
	Developmental Disability/Mental Retard.	X			
	Visually Handicapped		X		
	Hearing Handicapped		X		
	Physically Handicapped/Mobility Impaired		X	X	
	Communication Disorder		X		
	Medical Condition		X		

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling	X		
Individual Counseling	X		
Family Reunification Counseling	X		
Emancipation Planning	X		
Psychological Services		X	
Psychiatric Services		X	
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training	X		
Other: Peer Counseling	X		
Other:			

ADMISSION REQUIREMENTS AND PROCESS: Youth must be between the ages of 10 and 17, be adjudicated a youth in need of care, in need of supervision, or a delinquent youth, and attend school on a full-time basis. Social histories, psychological reports, school and medical records for review are required. Interviews are held with youth and parents; if they are receptive to Program, the case is submitted to the Selection Committee for final decision.

Name of Facility: Horizon Home
Address: P. O. Box 25500-207
1019 Neptune Boulevard
Billings, MT 59107

Capacity: Total 9 Male 0 Female 9
Age range of Residents: to
Average Population per Day:
Average length of stay for all children:
What is minimum length of time child needs to stay:
What is maximum length of time child should stay:

Administrator of Facility: Cherie R. Sigrist
Referrals are made to: Cherie R. Sigrist
Phone Number: (406)-245-4904 (for referrals)
Contracted Rate of Payment per Day: * Refer to Attachment A
Total Contracted Days of Care: Refer to Attachment A
Average Number DFS Kids Per Day: Refer to Attachment A

*Does not include school tuition or educational cost.

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
				SLGT	MOD	SEV
	Dependent Children					
	Neglected Children					
	Abused Children - Physically					
X**	Abused Children - Sexually					
	Use of Chemical Substance					
	Pregnancy					
	Sexually Active					
	Behavior - Delinquent				X	
	Behavior - Unruly				X	X
	Behavior - Depressed				X	X
	Behavior - Irrational				X	X
	Behavior - Nervous, Upset				X	
	Behavior - Withdrawn				X	
	Learning Disability					
	Developmental Disability/Mental Retard.					
	Visually Handicapped					
	Hearing Handicapped					
	Physically Handicapped/Mobility Impaired					
	Communication Disorder					
	Medical Condition					

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling	X		
Individual Counseling	X		
Family Reunification Counseling	X		
Emancipation Planning		X	
Psychological Services		X	
Psychiatric Services		X	
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training		X	
Other:			
Other:			

ADMISSION REQUIREMENTS AND PROCESS:

**If associated with sexual abuse.

Name of Facility: Intermountain Deac. Home For Children
Address: 500 South Lamborn
Helena, MT 59601
Capacity: Total 30 Male yes* Female yes*
Age range of Residents: 6 to 12
Average Population per Day: 26
Average length of stay for all children: 24 months
What is minimum length of time child needs to stay: NA
What is maximum length of time child should stay: NA
*Any combination up to a total of 6 according to slot availability.

Administrator of Facility: John H. Wilkinson
Referrals are made to: Joan Rebich
Phone Number: (406)-442-7920 (for referrals)
Contracted Rate of Payment per Day: ** Refer to Attachment A
Total Contracted Days of Care: Refer to Attachment A
Average Number DFS Kids Per Day: Refer to Attachment A

**Does not include school tuition or educational cost.

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
	Dependent Children		yes		
	Neglected Children		yes		
X	Abused Children - Physically		yes		
X	Abused Children - Sexually		yes		
	Use of Chemical Substance		yes		
	Pregnancy	X			
	Sexually Active		yes		
			SLGT	MOD	SEV
	Behavior - Delinquent		X	X	
	Behavior - Unruly		X	X	X
X	Behavior - Depressed		X	X	
X	Behavior - Irrational		X	X	
X	Behavior - Nervous, Upset		X	X	X
X	Behavior - Withdrawn		X	X	
X	Learning Disability		X	X	X
	Developmental Disability/Mental Retard.		X		
	Visually Handicapped		X		
	Hearing Handicapped		X		
	Physically Handicapped/Mobility Impaired		X		
	Communication Disorder		X	X	
	Medical Condition		X	X	

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling	X		
Individual Counseling	X		
Family Reunification Counseling	X		
Emancipation Planning		X	
Psychological Services	X		
Psychiatric Services	X		
Physical Therapy		X	
Medical Care		X	
Speech Therapy	X		
Education Program	X		
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training		X	
Other:			
Other:			

ADMISSION REQUIREMENTS AND PROCESS: In addition to meeting general admission requirements, an initial contact with members of the director staff, the Director of Clinical Services must receive a social history, recent psychological, schools information, and recent medical exam. Pre-admission visit is required. Home observation and evaluation required prior to acceptance.

Name of Facility: Kairos - Missouri River Youth Guidance Home
Address: Box 3066, Great Falls, MT 59406
Capacity: Total 7 Male 5* Female 2*
Age range of Residents: 10 to 18
Average Population per Day: 5
Average length of stay for all children: varies
What is minimum length of time child needs to stay: 6 months
What is maximum length of time child should stay: NA

Administrator of Facility: Charlene Schram
Referrals are made to: Charlene Schram
Phone Number: (406)-452-7672 (for referrals)
Contracted Rate of Payment per Day: ** Refer to Attachment A
Total Contracted Days of Care: Refer to Attachment A
Average Number DFS Kids Per Day: Refer to Attachment A

**Does not include school tuition or educational cost.
*This may be reversed depending on occupancy.

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
	Dependent Children		yes		
X	Neglected Children		yes		
X	Abused Children - Physically		yes		
X	Abused Children - Sexually		yes		
	Use of Chemical Substance		yes		
	Pregnancy				
	Sexually Active		yes		
			SLGT	MOD	SEV
X	Behavior - Delinquent		X	X	
X	Behavior - Unruly		X	X	X
X	Behavior - Depressed		X	X	
X	Behavior - Irrational		X	X	
	Behavior - Nervous, Upset		X	X	
X	Behavior - Withdrawn		X	X	
	Learning Disability				
	Developmental Disability/Mental Retard.	X			
	Visually Handicapped		X	X	
	Hearing Handicapped		X	X	
	Physically Handicapped/Mobility Impaired	X			
	Communication Disorder		X	X	
	Medical Condition		X		

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling		X	
Individual Counseling		X	
Family Reunification Counseling		X	
Emancipation Planning		X	
Psychological Services		X	
Psychiatric Services		X	
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training		X	
Other: Tutoring	X		
Other:			

ADMISSION REQUIREMENTS AND PROCESS: Applications are available by writing to the Home. The Admission Committee will call a meeting within 24 hours of receiving the application and copies of school transcripts, personal history, psychological records, health report and release forms. The Committee will then meet with the agency or representative and the youth for interviews. A decision will be made within 24 hours.

Name of Facility: Lake Co. Dist. Youth Guidance Home
Address: Route 2 Box 72 D
Ronan, MT 59864

Capacity: Total 7 Male yes* Female yes*
Age range of Residents: 13 to 18
Average Population per Day: 5
Average length of stay for all children: 18 to 24 months
What is minimum length of time child needs to stay: 6 months
What is maximum length of time child should stay: NA

Administrator of Facility: Chas Cantlon
Referrals are made to: Chas Cantlon
Phone Number: (406)-676-5091 (for referrals)
Contracted Rate of Payment per Day: ** Refer to Attachment A
Total Contracted Days of Care: Refer to Attachment A
Average Number DFS Kids Per Day: Refer to Attachment A

**Does not include school tuition or educational cost.

*Any combination of youth according to available slots.

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
X	Dependent Children		yes		
X	Neglected Children		yes		
X	Abused Children - Physically		yes		
X	Abused Children - Sexually		yes		
	Use of Chemical Substance		yes		
	Pregnancy	X			
	Sexually Active		yes		
			SLGT	MOD	SEV
	Behavior - Delinquent		X	X	
X	Behavior - Unruly		X	X	X
	Behavior - Depressed		X	X	
	Behavior - Irrational		X	X	
	Behavior - Nervous, Upset		X	X	
	Behavior - Withdrawn		X		
	Learning Disability		X		
	Developmental Disability/Mental Retard.	X			
	Visually Handicapped		X		
	Hearing Handicapped		X		
	Physically Handicapped/Mobility Impaired	X			
	Communication Disorder		X		
	Medical Condition		X		

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling	X		
Individual Counseling		X	
Family Reunification Counseling			X
Emancipation Planning			X
Psychological Services		X	
Psychiatric Services			X
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment			X
Vocational Training Program		X	
Employment Training		X	
Other:			
Other:			

ADMISSION REQUIREMENTS AND PROCESS: Call or write for vacancy information and for an application. When the application is returned an admissions committee will review it and reach a decision. You will be notified by phone or letter soon afterwards.

Name of Facility: Last Chance Youth Home
Address: (Rocky Mtn. Dev. Coun.), 1117 Broadway
Helena, MT 59601
Capacity: Total 8 Male 6/5 Female 2/3
Age range of Residents: 15 to 18
Average Population per Day: 7
Average length of stay for all children: 6 months
What is minimum length of time child needs to stay: NA
What is maximum length of time child should stay: NA

Administrator of Facility: Jan Shaw
Referrals are made to: Jeff Aldrich/Jan Shaw
Phone Number: (406)-442-9127 (for referrals)
Contracted Rate of Payment per Day: * Refer to Attachment A
Total Contracted Days of Care: Refer to Attachment A
Average Number DFS Kids Per Day: Refer to Attachment A

*Does not include school tuition or educational cost.

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
X	Dependent Children		yes		
X	Neglected Children		yes		
X	Abused Children - Physically		yes		
X	Abused Children - Sexually		yes		
X	Use of Chemical Substance		yes		
	Pregnancy	X			
X	Sexually Active		yes		
			SLGT	MOD	SEV
	Behavior - Delinquent		X	X	
X	Behavior - Unruly		X	X	
	Behavior - Depressed		X	X	
	Behavior - Irrational		X	X	
	Behavior - Nervous, Upset		X	X	
	Behavior - Withdrawn		X	X	
	Learning Disability		X	X	
	Developmental Disability/Mental Retard.	X			
	Visually Handicapped		X		
	Hearing Handicapped		X		
	Physically Handicapped/Mobility Impaired		X		
	Communication Disorder		X		
	Medical Condition		X		

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling	X		
Individual Counseling	X		
Family Reunification Counseling	X		
Emancipation Planning	X		
Psychological Services		X	
Psychiatric Services		X	
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training	X		
Other:			
Other:			

ADMISSION REQUIREMENTS AND PROCESS: We require a one-page referral form, available on request, and a pre-admission interview with each prospective applicant. Youth are selected in a meeting of the entire staff. A crucial factor is a youth's desire to become involved in our Program.

Name of Facility: **Mission Valley Receiving Home**
Address: **10-1 Second Circle N.E.**
Ronan, MT 59864

Capacity: Total 10 Male 6 Female 4
Age range of Residents: **0 to 18**
Average Population per Day:
Average length of stay for all children:
What is minimum length of time child needs to stay: **None**
What is maximum length of time child should stay: **45 days**

Administrator of Facility: **Nina Mitchell**
Referrals are made to: **Nina Mitchell**
Phone Number: **(406)-676-5561** (for referrals)
Contracted Rate of Payment per Day: *** Refer to Attachment A**
Total Contracted Days of Care: **Refer to Attachment A**
Average Number DFS Kids Per Day: **Refer to Attachment A**

***Does not include school tuition or educational cost.**

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
			SLGT	MOD	SEV
X	Dependent Children				
X	Neglected Children				
X	Abused Children - Physically				
X	Abused Children - Sexually				
X	Use of Chemical Substance				
X	Pregnancy				
X	Sexually Active				
	Behavior - Delinquent		X		
	Behavior - Unruly			X	
	Behavior - Depressed			X	
	Behavior - Irrational			X	
	Behavior - Nervous, Upset			X	
	Behavior - Withdrawn			X	
	Learning Disability		X		
	Developmental Disability/Mental Retard.		X		
	Visually Handicapped		X		
	Hearing Handicapped		X		
	Physically Handicapped/Mobility Impaired		X		
	Communication Disorder		X		
	Medical Condition		X		

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling		X	
Individual Counseling		X	
Family Reunification Counseling		X	
Emancipation Planning		X	
Psychological Services		X	
Psychiatric Services		X	
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training		X	
Other:			
Other:			

ADMISSION REQUIREMENTS AND PROCESS:

Name of Facility: Missoula Attention Home
Address: 501 West Alder
Missoula, MT 59802

Capacity: Total 12 Male yes* Female yes*
Age range of Residents: 10 to 18
Average Population per Day: 9
Average length of stay for all children: 17 days
What is minimum length of time child needs to stay: NA
What is maximum length of time child should stay: 45 days**
*Any combination of youths according to available slots.

Administrator of Facility: Geoff Birnbaum
Referrals are made to: Geoff Birnbaum
Phone Number: (406)-549-3846 (for referrals)
Contracted Rate of Payment per Day: *** Refer to Attachment A
Total Contracted Days of Care: Refer to Attachment A
Average Number DFS Kids Per Day: Refer to Attachment A

***Does not include school tuition or educational cost.

**Normal stay limit is 30 days with 15 day extension upon written request.

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
X	Dependent Children		yes		
	Neglected Children		yes		
X	Abused Children - Physically		yes		
X	Abused Children - Sexually		yes		
X	Use of Chemical Substance		yes		
	Pregnancy		yes		
X	Sexually Active		yes		
			SLGT	MOD	SEV
X	Behavior - Delinquent		X	X	
X	Behavior - Unruly		X	X	X
	Behavior - Depressed		X	X	
	Behavior - Irrational		X	X	X
X	Behavior - Nervous, Upset		X	X	X
	Behavior - Withdrawn		X	X	X
X	Learning Disability		X	X	X
	Developmental Disability/Mental Retard.		X	X	
	Visually Handicapped		X	X	
	Hearing Handicapped		X	X	
	Physically Handicapped/Mobility Impaired		X		
	Communication Disorder		X	X	
	Medical Condition		X	X	

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling	X		
Individual Counseling	X		
Family Reunification Counseling		X	
Emancipation Planning	X		
Psychological Services	X		
Psychiatric Services		X	
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training		X	
Other: Recreational Therapy	X		
Other: Runaway Project	X		

ADMISSION REQUIREMENTS AND PROCESS: A phone call is necessary for referral to the Home. At intake there is a request for summary social information and specifics about the recent incident putting the youth in crisis or at risk. Placement is immediate and available on a 24 hour basis every day. Program staff do reserve the right to screen youth out based upon previous history with the youth or identifiable needs or risks that are beyond the scope of this program.

Name of Facility: Ninth Judicial Dist. Youth
Address: Guidance Home, Box 842
Shelby, MT 59474
Capacity: Total 8 Male * Female 8
Age range of Residents: 12 to 18
Average Population per Day: 3.5
Average length of stay for all children: 6 months
What is minimum length of time child needs to stay: 6 months
What is maximum length of time child should stay: NA

Administrator of Facility: Susan Brandt
Referrals are made to: Susan Brandt and Staff
Phone Number: (406)-434-5623 (for referrals)
Contracted Rate of Payment per Day: ** Refer to Attachment A
Total Contracted Days of Care: Refer to Attachment A
Average Number DFS Kids Per Day: Refer to Attachment A

**Does not include school tuition or educational cost.
*Will consider males depending on occupancy.

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
			SLGT	MOD	SEV
X	Dependent Children		yes		
X	Neglected Children		yes		
X	Abused Children - Physically		yes		
X	Abused Children - Sexually		yes		
	Use of Chemical Substance		yes		
	Pregnancy		yes		
X	Sexually Active		yes		
X	Behavior - Delinquent		X	X	
	Behavior - Unruly		X	X	
	Behavior - Depressed		X	X	
	Behavior - Irrational		X	X	
	Behavior - Nervous, Upset		X	X	
	Behavior - Withdrawn		X	X	
	Learning Disability		X		
	Developmental Disability/Mental Retard.		X		
	Visually Handicapped		X		
	Hearing Handicapped		X		
	Physically Handicapped/Mobility Impaired		X		
	Communication Disorder		X		
	Medical Condition		X		

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling		X	
Individual Counseling	X		
Family Reunification Counseling		X	
Emancipation Planning	X		
Psychological Services		X	
Psychiatric Services		X	
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training		X	
Other:			
Other:			

ADMISSION REQUIREMENTS AND PROCESS: 1) Make initial call to Director (434-2647); 2) Send application with referral format, social history, most recent psychological and up-to-date medical history; 3) Application is reviewed by staff; 4) If accepted, arrange for medical care and foster care payments; 5) Upon arrival have court order available for placement of youth.

Name of Facility: **Northern Montana Youth Ranch**
Address: **Box 27**
Whitewater, MT 59544
Capacity: Total 12 Male yes* Female yes*
Age range of Residents: **10 to 18**
Average Population per Day: **6**
Average length of stay for all children: **221 days**
What is minimum length of time child needs to stay: **9 months**
What is maximum length of time child should stay: **NA**

Administrator of Facility: **Kenneth Obie**
Referrals are made to: **Paul Nugent**
Phone Number: **(406)-674-5572** (for referrals)
Contracted Rate of Payment per Day: **** Refer to Attachment A**
Total Contracted Days of Care: **Refer to Attachment A**
Average Number DFS Kids Per Day: **Refer to Attachment A**

****Does not include school tuition or educational cost.**
***Will accept any combination of male/female youths according to available slots.**

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
X	Dependent Children		yes		
X	Neglected Children		yes		
	Abused Children - Physically		yes		
	Abused Children - Sexually		yes		
	Use of Chemical Substance		minimal		
	Pregnancy	X			
	Sexually Active	X			
			SLGT	MOD	SEV
X	Behavior - Delinquent		X	X	
X	Behavior - Unruly		X	X	
	Behavior - Depressed		X	X	
	Behavior - Irrational		X		
	Behavior - Nervous, Upset		X		
	Behavior - Withdrawn		X	X	
	Learning Disability	X			
	Developmental Disability/Mental Retard.	X			
	Visually Handicapped	X			
	Hearing Handicapped	X			
	Physically Handicapped/Mobility Impaired		X		
	Communication Disorder	X			
	Medical Condition	X			

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling		X	
Individual Counseling		X	
Family Reunification Counseling		X	
Emancipation Planning			X
Psychological Services		X	
Psychiatric Services			X
Physical Therapy			X
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment			X
Vocational Training Program		X	
Employment Training	X		
Other:			
Other:			

ADMISSION REQUIREMENTS AND PROCESS: Applications for admissions are available upon request. They consist of an application booklet with identifying information. A current medical and dental exam report and a social history is required to accompany the application as well as school information and psychological information which may be available. Admissions of a child to the program is determined by the admissions screening committee. Referrals are accepted on a nationwide basis.

Name of Facility: **Riverview Home**
Address: **629 7th Avenue South**
Wolf Point, MT 59201

Capacity: Total 8 Male yes* Female yes*
Age range of Residents: **6 to 18**
Average Population per Day: **7**
Average length of stay for all children: **2 months**
What is minimum length of time child needs to stay: **NA**
What is maximum length of time child should stay: **NA**

Administrator of Facility: **Joan Bryan**
Referrals are made to: **Joan Bryan/Bob Neumiller**
Phone Number: **(406)-663-1813 (for referrals)**
Contracted Rate of Payment per Day: **** Refer to Attachment**
Total Contracted Days of Care: **Refer to Attachment A**
Average Number DFS Kids Per Day: **Refer to Attachment A**

****Does not include school tuition or educational cost.**
***Will accept any combination of male/female youths according to available slots.**

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
X	Dependent Children		yes		
X	Neglected Children		yes		
X	Abused Children - Physically		yes		
	Abused Children - Sexually		yes		
	Use of Chemical Substance		minimal		
	Pregnancy		yes		
	Sexually Active	X			
			SLGT	MOD	SEV
	Behavior - Delinquent		X	X	
	Behavior - Unruly		X		
X	Behavior - Depressed		X	X	
	Behavior - Irrational		X		
X	Behavior - Nervous, Upset		X	X	
X	Behavior - Withdrawn		X	X	
	Learning Disability		X	X	
	Developmental Disability/Mental Retard.	X			
	Visually Handicapped		X	X	
	Hearing Handicapped		X	X	
	Physically Handicapped/Mobility Impaired		X		
	Communication Disorder		X	X	
	Medical Condition		X		

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling		X	
Individual Counseling		X	
Family Reunification Counseling		X	
Emancipation Planning		X	
Psychological Services		X	
Psychiatric Services		X	
Physical Therapy		X	
Medical Care		X	
Speech Therapy			X
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training		X	
Other: Tribal programs		X	
Other:			

ADMISSION REQUIREMENTS AND PROCESS: **Riverview has a relaxed admissions policy based upon the needs of the child and the occupancy of the home. Riverview will accept emergency placements 24 hours a day.**

Name of Facility: Southeastern Montana Group Home
Address: P. O. Box 549 (212 North Montana)
Miles City, MT 59301

Capacity: Total 7 Male 5 Female 2
Age range of Residents: 13 to 18
Average Population per Day: 4.5
Average length of stay for all children: 9 months
What is minimum length of time child needs to stay: 6 months
What is maximum length of time child should stay: NA

Administrator of Facility: Earl Brewer
Referrals are made to: Earl Brewer
Phone Number: (406)-232-2828 or 232-9985 (for referrals)
Contracted Rate of Payment per Day: * Refer to Attachment A
Total Contracted Days of Care: Refer to Attachment A
Average Number DFS Kids Per Day: Refer to Attachment A

NOTE: As this Directory was being readied for publication, the Southeastern Montana Group Home closed. It was not clear whether it would be re-opened.

*Does not include school tuition or educational cost.

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem
	Dependent Children		yes
X	Neglected Children		yes
X	Abused Children - Physically		yes
X	Abused Children - Sexually		yes
	Use of Chemical Substance		yes
	Pregnancy	X	
	Sexually Active		yes

			SLGT	MOD	SEV
X	Behavior - Delinquent		X	X	
	Behavior - Unruly		X	X	
	Behavior - Depressed		X	X	
	Behavior - Irrational		X		
	Behavior - Nervous, Upset		X	X	
	Behavior - Withdrawn		X	X	
	Learning Disability		X	X	
	Developmental Disability/Mental Retard.	X			
	Visually Handicapped		X	X	
	Hearing Handicapped		X	X	
	Physically Handicapped/Mobility Impaired		X		
	Communication Disorder		X		
	Medical Condition		X		

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling		X	
Individual Counseling	X	X	
Family Reunification Counseling		X	
Emancipation Planning			X**
Psychological Services		X	
Psychiatric Services			X**
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training	X		
Other:			
Other:			

**Available in Billings, 145 miles away.

ADMISSION REQUIREMENTS AND PROCESS: Applications are made to director and include application from referring agency and child, accompanied by social study, psychological evaluation, etc. A pre-placement visit is required. Applications are reviewed and approved by the admissions committee.

Name of Facility: Susan Talbot Homes
Address: 2301 River Road and Unit 2, 815 Tower
Missoula, MT 59802
Capacity: Total 8 each Male yes* Female yes*
Age range of Residents: 10 to 18
Average Population per Day: 6
Average length of stay for all children: 11 months
What is minimum length of time child needs to stay: .6 months
What is maximum length of time child should stay: NA

Administrator of Facility: Geoff Birnbaum
Referrals are made to: Geoff Birnbaum
Phone Number: (406)-721-2704 (for referrals)
Contracted Rate of Payment per Day: ** Refer to Attachment A
Total Contracted Days of Care: Refer to Attachment A
Average Number DFS Kids Per Day: Refer to Attachment A

**Does not include school tuition or educational cost.
*Any combination of youths according to available slots.

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
X	Dependent Children		yes		
X	Neglected Children		yes		
	Abused Children - Physically		yes		
	Abused Children - Sexually		yes		
	Use of Chemical Substance		yes		
	Pregnancy		yes		
	Sexually Active		yes		
			SLGT	MOD	SEV
X	Behavior - Delinquent		X	X	
	Behavior - Unruly		X		
	Behavior - Depressed		X		
	Behavior - Irrational		X		
	Behavior - Nervous, Upset		X		
	Behavior - Withdrawn		X		
X	Learning Disability		X	X	
	Developmental Disability/Mental Retard.		X		
	Visually Handicapped		X		
	Hearing Handicapped		X		
	Physically Handicapped/Mobility Impaired		X		
	Communication Disorder		X		
	Medical Condition		X		

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling		X	
Individual Counseling		X	
Family Reunification Counseling		X	
Emancipation Planning	X		
Psychological Services		X	
Psychiatric Services		X	
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training		X	
Other: Recreational Therapy	X	X	
Other:			

ADMISSION REQUIREMENTS AND PROCESS: After phone inquiry and referral, a written application is required along with an up-to-date social summary and a psychological evaluation. After placement on a waiting list a youth is invited for a two-week visit. At the end of this "visit" a final placement decision can be made.

Name of Facility: Tom Roy Group Home
Address: 2824 West Central Avenue
Missoula, MT 59801

Capacity: Total 7 Male 5 Female 2
Age range of Residents: 13 to 18
Average Population per Day:
Average length of stay for all children:
What is minimum length of time child needs to stay:
What is maximum length of time child should stay:

Administrator of Facility: Geoff Birnbaum
Referrals are made to: Geoff Birnbaum
Phone Number: (406)-721-2704 (for referrals)
Contracted Rate of Payment per Day: * Refer to Attachment A
Total Contracted Days of Care:
Average Number DFS Kids Per Day:

*Does not include school tuition or educational cost.

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
X	Dependent Children				
X	Neglected Children				
	Abused Children - Physically				
X	Abused Children - Sexually				
X	Use of Chemical Substance				
	Pregnancy				
	Sexually Active				
			SLGT	MOD	SEV
X	Behavior - Delinquent		X	X	
X	Behavior - Unruly		X	X	X
	Behavior - Depressed		X	X	
	Behavior - Irrational		X	X	
	Behavior - Nervous, Upset		X	X	
	Behavior - Withdrawn		X		
	Learning Disability		X	X	
X	Developmental Disability/Mental Retard.		X	X	
X	Visually Handicapped		X		
	Hearing Handicapped		X		
	Physically Handicapped/Mobility Impaired		X		
	Communication Disorder		X		
	Medical Condition		X		

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling	X		
Individual Counseling	X		
Family Reunification Counseling	X		
Emancipation Planning	X		
Psychological Services		X	
Psychiatric Services		X	
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training			
Other:			
Other:			

ADMISSION REQUIREMENTS AND PROCESS:

Name of Facility: Volunteers of America
(Care & Professional Treatment Homes)
Address: 2601 Virginia Lane
Billings, MT 59102
Capacity: Total open Male open Female open
Age range of Residents: 5 to 18
Average Population per Day: 20
Average length of stay for all children: 18-24 months
What is minimum length of time child needs to stay: 12 months
What is maximum length of time child should stay: 24 months

Administrator of Facility: Jani Lambroo
Referrals are made to: Jani Lambroo
Phone Number: (406)-245-6539 (for referrals)
Contracted Rate of Payment per Day: * Refer to Attachment A
Total Contracted Days of Care: Refer to Attachment A
Average Number DFS Kids Per Day: Refer to Attachment A

*Does not include school tuition or educational cost.

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
	Dependent Children		yes		
	Neglected Children		yes		
X	Abused Children - Physically		yes		
X	Abused Children - Sexually		yes		
	Use of Chemical Substance		yes		
	Pregnancy		yes		
	Sexually Active		yes		
			SLGT	MOD	SEV
	Behavior - Delinquent		X	X	
	Behavior - Unruly		X		
X	Behavior - Depressed		X	X	
	Behavior - Irrational		X	X	
X	Behavior - Nervous, Upset		X	X	X
X	Behavior - Withdrawn		X	X	X
X	Learning Disability		X	X	X
X	Developmental Disability/Mental Retard.		X	X	
	Visually Handicapped		X		
	Hearing Handicapped		X		
	Physically Handicapped/Mobility Impaired		X		
	Communication Disorder		X	X	
	Medical Condition		X		

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling	X		
Individual Counseling	X		
Family Reunification Counseling	X		
Emancipation Planning	X		
Psychological Services		X	
Psychiatric Services		X	
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training		X	
Other: Recreational therapy**			
Other:			

ADMISSION REQUIREMENTS AND PROCESS: An initial screening along with a referral form and a recent psychological evaluation and social history are requested. If possible, a personal interview will be conducted with the youth. DFS referrals must be screened by the Montana State Screening. The CPT program accepts moderately emotionally disturbed youth ages six to sixteen. Youth must be able to function in a community school setting.

Name of Facility: **Yellowstone Treatment Center**
Address: **(Campus Treatment) Route 1 Box 212**
Billings, MT 59101
Capacity: Total **92** Male **76** Female **16**
Average range of Residents: **6 to 18**
Average Population per Day: **NA**
Average length of stay for all children: **25 months**
What is minimum length of time child needs to stay: **NA**
What is maximum length of time child should stay: **NA**

Administrator of Facility: **Loren Soft**
Referrals are made to: **Ry Sorenson**
Phone Number: **(406)-656-3001** (for referrals)
Contracted Rate of Payment per Day: *** Refer to Attachment A**
Total Contracted Days of Care: **Refer to Attachment A**
Average Number DFS Kids Per Day: **Refer to Attachment A**

***Does not include school tuition or educational cost or medicaid payment.**

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
	Dependent Children		yes		
X	Neglected Children		yes		
	Abused Children - Physically		yes		
X	Abused Children - Sexually		yes		
	Use of Chemical Substance		yes		
	Pregnancy		yes		
	Sexually Active		yes		
			SLGT	MOD	SEV
X	Behavior - Delinquent		X	X	
X	Behavior - Unruly		X	X	X
X	Behavior - Depressed		X	X	X
X	Behavior - Irrational		X	X	X
X	Behavior - Nervous, Upset		X	X	X
X	Behavior - Withdrawn		X	X	X
X	Learning Disability		X	X	X
	Developmental Disability/Mental Retard.		X		
	Visually Handicapped		X	X	
	Hearing Handicapped		X	X	
	Physically Handicapped/Mobility Impaired		X		
	Communication Disorder		X	X	
	Medical Condition		X	X	X

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling	X		
Individual Counseling	X		
Family Reunification Counseling	X		
Emancipation Planning	X		
Psychological Services	X		
Psychiatric Services	X		
Physical Therapy		X	
Medical Care	X		
Speech Therapy	X		
Education Program	X		
Chemical Dependency Treatment		X	
Vocational Training Program	X		
Employment Training	X		
Other:			
Other:			

ADMISSION REQUIREMENTS AND PROCESS: **Contact Director of Admissions.**

Name of Facility: **Youth Services Center**
Address: **410 South 26th Street, P. O. Box 30856**
Billings, MT 59107-30856
Capacity: Total 15 Male **varies** Female **varies**
Age range of Residents: **12 to 17**
Average Population per Day:
Average length of stay for all children:
What is minimum length of time child needs to stay:
What is maximum length of time child should stay:

Administrator of Facility: **Jo Acton**
Referrals are made to: **Jo Acton**
Phone Number: **(406)-256-6825** (for referrals)
Contracted Rate of Payment per Day: *** Refer to Attachment A**
Total Contracted Days of Care: **Refer to Attachment A**
Average Number DFS Kids Per Day: **Refer to Attachment A**

***Does not include school tuition or educational cost.**

Type Child Facility Can Best Serve	WILL ACCEPT CHILDREN WITH THE FOLLOWING PROBLEMS	NO	If Yes, Severity of Problem		
			SLGT	MOD	SEV
X	Dependent Children				
X	Neglected Children				
X	Abused Children - Physically				
X	Abused Children - Sexually				
X	Use of Chemical Substance				
X	Pregnancy				
X	Sexually Active				
	Behavior - Delinquent			X	
	Behavior - Unruly			X	
	Behavior - Depressed			X	
	Behavior - Irrational			X	
	Behavior - Nervous, Upset			X	
	Behavior - Withdrawn			X	
	Learning Disability			X	
	Developmental Disability/Mental Retard.			X	
	Visually Handicapped				
	Hearing Handicapped				
	Physically Handicapped/Mobility Impaired				
	Communication Disorder				
	Medical Condition				

SERVICES PROVIDED	AVAILABLE ON-SITE	AVAILABLE IN COMMUNITY	NOT AVAILABLE
Group Counseling	X		
Individual Counseling	X		
Family Reunification Counseling	X		
Emancipation Planning		X	
Psychological Services		X	
Psychiatric Services		X	
Physical Therapy		X	
Medical Care		X	
Speech Therapy		X	
Education Program		X	
Chemical Dependency Treatment		X	
Vocational Training Program		X	
Employment Training		X	
Other:			
Other:			

ADMISSION REQUIREMENTS AND PROCESS:

ATTACHMENT A

Contracted Rate of Pay Per Day:

The system by-which the daily rate of pay is determined is in the negotiations stage at the time that this catalogue is being prepared. For information regarding current rates please contact the Administrative Support Division at the Central DFS Office at 444-5900.

Total Contracted Days of Care:

The new Foster Care Model Rate System does not specify a total number of contracted days of care, but rather, is based upon providing an equal pay for the same services provided by the facilities.

Average Number of DFS Kids per Day:

This data is being calculated at the time that this document is being prepared. For current information contact the Program, Planning and Evaluation Division at the DFS Central Office at 444-5900.

Foster Care Model Rate System:

This refers to the new payment rate system being developed by the Department of Family Services' Administrative Support Division. A public hearing concerning the proposed basic rules and structure of the new rate system was held November 30, 1988. Initial rate system rules will be issued in January, 1989. Funding levels for the rate system are dependent on action by the 1989 Montana Legislature.

ATTACHMENT B

GLOSSARY OF TERMS

Abused Child - Physical: The infliction of harm - or the existence of substantial danger of harm - to a child's physical or mental health or development as a result of acts purposefully (non-accidentally) committed by a parent, or other person responsible for the child's welfare, or as a result of similar acts which a parent, or other person responsible for the child's welfare, or as a result of similar acts which a parent or guardian knowingly allowed to be committed by others. Harm from child abuse may include physical, emotional, or other harm from excessively punitive or exploitative acts.

Abused Child - Sexual: The infliction of harm - or the existence of substantial danger of harm - to a child's physical or mental health or development as the result of the child's involvement in any sexual act or situation for the purpose of proving sexual gratification or financial benefit to the perpetrator and includes but is not limited to incest, exploitation, rape, intercourse, molestation, exposure, photography , and fondling.

Aftercare Group Home: A licensed group home facility under the supervision of the Department of Family Services in which substitute care is provided to 7 to 12 children.

Attention Home: A group home licensed to care for youth, ages 12 through 18, for a short-term period of 30 days or less in lieu of detention or jail, to protect youth from physical or emotional harm, as an alternative to leaving youth on the streets, to provide opportunity to assess the situation, and to complete case planning.

Available in Community: Services used by the facility which are provided by private or public agencies or persons in the immediate community closest to the facility (within a radius of 50 miles of the facility) either on contract or during regular business hours. Residents require transportation from the facility premises to receive these services.

Available on Site: Services are provided by a staff member or under contract on a regular basis on the facility's premises. A service which requires transporting the child is not an on-site service.

Average Number of DFS Kids/Day: The number of DFS children the facility could have in placement each day for 365 days based upon contract with Department of Family Services.

Behavior - Delinquent: Delinquent child refers to a child actually found to be delinquent by the juvenile court, and in need of treatment or rehabilitation. A delinquent act means an act designated a crime under the law and excludes minor traffic offenses.

Behavior - Depressed: Behavior which is characterized by anxiety, loss of self-esteem, guilt feelings, self-depreciation, or suicidal tendencies. Depression is differentiated from grief, which is realistic and proportionate to what is lost.

Behavior - Irrational: Behavior which is characterized as lacking reason or sound judgement. Irrational behavior differs from rational behavior in that it is behavior which is inconsistent with a logical thought system.

Behavior - Nervous, Upset: Behavior which is characterized by uneasiness or fear. The person shows signs of being unrealistically anxious, apprehensive, high-strung, or tense.

Behavior - Unruly: "Unruly child" means a child who: a) while subject to compulsory school attendance is habitually and without justification truant from school; b) is habitually disobedient of the reasonable and lawful commands of his parent, guardian, or other custodian and is ungovernable; c) has committed an offense applicable only to a child; and d) in any of the foregoing is in need of treatment or rehabilitation. (Youth in need of supervision).

Behavior - Withdrawn: Behavior which is characterized by a pathological retreat from his/her environment, including people around him, or more severely, a retreat from reality.

Chemical Dependency Treatment: Services provided by qualified persons in either a group or individual setting directed toward recovery from alcohol/drug abuse by the resident. Treatment programs should be able to provide medical treatment on-site or in the community as well as counseling.

Child Care Agency: A licensed youth care facility in which substitute care is provided to 13 or more children.

Communication Disorder: A person shall be reported as communication-disordered or speech-impaired when he or she has a speech or language disorder such as stuttering; chronic voice disorders; or serious articulation problems affecting social, emotional, and/or educational achievement, as well as disorders accompanying other sensory and health impairments.

Contracted Rate: This term refers to the daily amount Department of Family Services has agreed to pay for care of a child placed by DFS and residing in the facility.

Dependent Child: A needy child who has been deprived of parental support or care by reason of death, continued absence from the home, or physical or mental incapacity of either or both parents.

Developmental Disability - Mental Retardation: A person shall be reported as mentally retarded if he or she exhibits significant subaverage intellectual functioning accompanied by impairment in adaptive behavior, or has been designated by appropriate professionals.

District Youth Guidance Home (DYGH): A family-oriented youth group home established in a judicial district of the state of Montana as an alternative to existing state youth correctional facilities, the function of which is to provide a home and guidance through adult supervision for delinquent youths and youths in need of supervision.

Educational Program: Accredited school work directed toward continuing the resident's educational advancement at a rate consistent with his/her ability and designed to allow him/her to enter or re-enter a regular or special-ed program in his/her home community or to complete a standard educational program.

Emancipation Planning: Counseling and other assistance, including special housing or other arrangements which are designed to assist a youth in making a transition from the facility to living independently in a community.

Employment Training: Classwork, counseling, supervised assignments or other training designed to teach skills necessary to obtain employment, such as resume preparation, interview skills, good work habits, etc. (Not to be confused with vocational training.)

Family Reunification Counseling: Counseling provided by qualified personnel which involves both the resident and his/her family in an attempt to minimize or remove problems which contributed to placement and to facilitate a transition from the facility to living with the family.

Group Counseling: Counseling led by a qualified person or persons trained in the use of group counseling by educational background and/or supervised experience in the field, using group method as the primary treatment modality. Groups should be a recognized part of the resident's treatment plan and should meet regularly at scheduled times. They may be composed of peers, family members, cottage residents, or other membership as determined effective by the facility and the group leader.

Group Home (GH): Youth group home: A licensed facility in which substitute care is provided to 7 to 12 children or youth, and includes a district youth guidance home.

Hearing Handicapped - Deaf: A person shall be reported as deaf when a determination of legal deafness has been made or the person's hearing loss is greater than 92 decibels in the better ear.

Individual Counseling: Counseling provided to individual residents by a person or persons trained in the use of individual counseling techniques through educational background and/or supervised and documented field experience. Counseling should be a regular, scheduled part of the resident's routine. Individual counseling is a one-on-one arrangement involving primarily the resident and counselor.

Learning Disability: A person shall be reported as learning disabled if he or she has a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, including imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. These disorders include perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. They do not include persons who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, or emotional disturbance, or of environmental disadvantage.

Maternity Home: A licensed youth care facility which primarily provides for the care and maintenance of minor girls and adult women during pregnancy, child birth, and post-natal periods.

Medical Condition: A person with a medical condition or health impairment is diagnosed as having an illness of a chronic nature or with prolonged convalescence. This would include degenerative disorders or conditions such as epilepsy, severe asthma, malnutrition, diabetes, neurological disorders, or heart conditions.

Medical Services: Services provided by trained and licensed medical personnel, including diagnosis, prescription service, treatment of minor illness and injuries and referral to more intensive facilities or personnel.

Neglected Child: The occurrence of harm - or of substantial and continuing danger of harm - to a child's physical or mental health or development as a result of extraordinary inattention (or inaction) by a parent, or other person responsible for the child's welfare, to the child's basic needs for physical or emotional care, including needs for food, clothing, shelter, nurturance, supervision, medical care, or education.

Not Available: Service not available within a radius of 50 miles from the facility.

NA: Response "not appropriate".

Physical Handicapped - Mobility Impaired: A person who is physically handicapped and mobility-impaired has a condition which affects his/her ability to move around.

Physical Therapy: Services provided by or under the direct supervision of a person trained in and licensed by the State of Montana as licensed physical therapist and directed toward developing or maintaining optimum physical functioning or condition.

Psychiatric Services: Medical, pharmaceutical, treatment, consultative or like services provided by a person trained in an licensed by the State of Montana to practice psychiatry.

Psychological Services: Counseling, therapy, consultation, evaluation, individual treatment, program planning and/or like services provided by contract or on staff by a person trained in psychology or social work and licensed by the State of Montana.

Receiving Home or Shelter Care Program: A licensed youth care facility which regularly receives children under temporary conditions until the court, probation office, Family Services, county welfare, or other appropriate social agency has made other provisions for their care.

Residential Care: Full-time care, including food, shelter, security and safety, guidance and direction provided by a licensed facility in lieu of the care and supervision of a parent or guardian.

Sexually Active Child: A child who engages in sexual intercourse or who has been sexually involved with another person. This does not include sexually abused children.

Specialized Foster Care: A treatment service using the foster care home setting either provided under a special contract with Department of Family Services, Volunteers of America, or a similar service provided with private funds (Casey Family).

Speech Therapy: Services provided by or under the direct supervision of a person trained in an licensed by the State of Montana as a speech therapist and designed to correct or minimize speech problems.

Total Contracted Days: The total number of days of care contracted for by Department of Family Services for the current fiscal year.

Treatment: Services provided in response to particular problems identified by qualified diagnostic persons. Services must be part of a plan for improving performance in the area identified as "problem" and must be provided by persons qualified in the field.

Use of Chemical Substance: A person who overuses alcohol or drugs to the extent of habituation, dependence, or addiction.

Visually Handicapped - Blind: A person shall be reported blind when the person is sightless, a determination of legal blindness has been made, or the person's visual acuity is 20/200 or less with corrective lenses.

Vocational Training: Classwork or supervised on-the-job training designed to provide vocational skills which can be directly transferred to job opportunities, e.g., auto mechanics course, typing, keypunch, etc.

FK/JR:kb
L:groupfac.dir
December 16, 1988